

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Oregon



Center for Biological Diversity

Plaintiff(s)

v.

United States Fish and Wildlife Service

Defendant(s)

Civil Action No. 1 : 17 - cv - 468

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

U.S. Fish and Wildlife Service
Department of the Interior
Main Interior
1849 C Street, N.W., Room 3331
Washington, D.C. 20240-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Stephanie M. Parent
Center for Biological Diversity
PO Box 11374
Portland, OR 97211

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 03/23/2017



MARY L. MORAN, Clerk of Court

By: s/JMontgomery, Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) U.S. Fish and Wildlife Service
 was received by me on (date) 3.23.2017

- ☐ I personally served the summons on the individual at (place) _____
 on (date) _____ ; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____ ; or
- ☐ I returned the summons unexecuted because _____ ; or
- ☒ Other (specify): I served the summons by certified mail, return receipt requested
to the U.S. Fish and Wildlife Service, Department of the Interior,
1849 C St., N.W. Room 3331, Washington D.C. 20240-0001.
- My fees are \$ _____ for travel and \$ 8.97 for services, for a total of \$ 8.97

I declare under penalty of perjury that this information is true.

Date:

4.5.2017Stephanie M. Parent

Server's signature

STEPHANIE M. PARENT, ATTORNEY

Printed name and title

Center for Biological DiversityPOB 11374Portland, OR 97211-0374

Server's address

etc:

7015 0640 0002 2560 5908

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON, DC 20240

OFFICIAL USE

Certified Mail Fee	\$3.35	0008
Extra Services & Fees (check box, add fee as appropriate)		90
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$2.87	
Total Postage and Fees	\$8.97	

Sent To: U.S. Fish & Wildlife Svc. Dept. of Interior
 Street and Apt. No., or PO Box No.: 1849 C St. N.W. Room 3331
 City, State, ZIP+4: Washington, DC 20240-0001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): I served a copy of the summons by certified mail, return receipt requested to Jeff Sessions, U.S. Attorney General, U.S. Department of Justice, 950 Pennsylvania Ave., N.W., Washington, D.C. 20530-0001

My fees are \$ _____ for travel and \$ 8.34 for services, for a total of \$ 8.34

I declare under penalty of perjury that this information is true.

Date: 4.5.2017

Stephanie M Parent
 Server's signature

STEPHANIE M. PARENT, ATTORNEY
 Printed name and title

Center for Biological Diversity
POB 11374
Portland, OR 97211-0374
 Server's address

to:

7015 0640 0002 2560 5717

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

WASHINGTON, DC 20530

OFFICIAL USE

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.24
Total Postage and Fees	\$8.34

Sent To: Jeff Sessions, US AG, US DOJ
 Street and Apt. No., or PO Box No. 950 Pennsylvania Ave., N.W.
 City, State, ZIP+4® Washington, D.C. 20530-0001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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_____, a person of suitable age and discretion who resides there,
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designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): ^{copy of} I served the summons by certified mail, return receipt requested
 to Civil Process Clerk, Office of the U.S. Attorney, 1000 SW Third Ave., Suite 600,
 Portland, OR 97204

My fees are \$ _____ for travel and \$ 8.34 for services, for a total of \$ 8.34
0.00

I declare under penalty of perjury that this information is true.

Date:

4.5.2017

Stephanie M. Parent
 Server's signature

STEPHANIE M. PARENT, ATTORNEY
 Printed name and title

Center for Biological Diversity
POB 11374
Portland, OR 97211-0374
 Server's address

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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PORTLAND, OR 97204

Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.24

Total Postage and Fees \$8.34


Sent To

Civil Process Clerk, Office of the U.S. Attorney
 Street and Apt. No., or PO Box No.
 1000 SW Third Ave., Suite 600

City, State, ZIP+4®
 Portland, OR 97204



7015 0640 0002 2560 5700

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Early Lane</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <i>EARLY LANE</i> C. Date of Delivery <i>MAR 30 2017</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Jeff Sessions, Attorney General</i> <i>U.S. Department of Justice</i> <i>950 Pennsylvania Ave., N.W.</i> <i>Washington, D.C. 20530-0001</i></p>  <p>9590 9403 0468 5173 1833 66</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0002 2560 5717</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>3/27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Civil Process Clerk</i> <i>Office of the U.S. Attorney</i> <i>1000 SW Third Ave, Suite 600</i> <i>Portland, OR 97204</i></p>  <p>9590 9403 0468 5173 1833 80</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0002 2560 5700</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

USPS Tracking® Results

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Remove X

Tracking Number: 70150640000225605908



Delivered

On Time
Updated Delivery Day: Monday, March 27, 2017 ⓘ
Product & Tracking Information

See Available Actions

Postal Product:
First-Class Mail®

Features:
Certified Mail™
Return Receipt

See tracking for related item: 9590940304685173183373 (/go/TrackConfirmAction?tLabels=9590940304685173183373)

DATE & TIME	STATUS OF ITEM	LOCATION
March 27, 2017, 12:03 pm	Delivered, Left with Individual ▲	WASHINGTON, DC 20240
Your item was delivered to an individual at the address at 12:03 pm on March 27, 2017 in WASHINGTON, DC 20240.		
March 27, 2017, 8:42 am	Arrived at Unit	WASHINGTON, DC 20018
March 25, 2017, 6:35 am	In Transit to Destination	
March 23, 2017, 11:35 pm	Departed USPS Origin Facility	PORTLAND, OR 97208

See More ▼

Available Actions

Text Updates	▼
Email Updates	▼

See Less ^

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